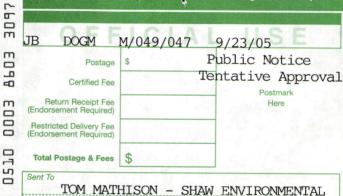
U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)



City, State, ZIP+4

MONROF
PS Form 3800, January 2001

Street, Apt. No.:

or PO Box No.

N

70

MONROEVILLE PA 15146

2790 MOSSIDE BLVD

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

on the reverse side?				I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to:	Notes on	I 40 Article No	42 Article Number		
DRESS completed	TOM MATHISON SHAW ENVIRONMENTAL INC 2790 MOSSIDE BLVD MONROEVILLE PA 15146	7002		03 8603	3097	
			4b. Service 1		Ճ Certified	
			☐ Express I		☐ Insured	
			☐ Return Receipt for Merchandise ☐ COD,			
P			7. Date of De	elivery		
Z.	JB DOGM M/049/047 9/23/05		9-21	9-26		
2	5. Received By: (Print Name)	Windows and the		8. Addressee's Address (Only if requested and fee is paid)		
H	Deth Ohields		and ree is	paid)		
s your	6. Signature: (Addressee or Agent)					
11	PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt					

UNITED STATES POSTAL SERVICE

First-Class
Postage 8
USPS

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Print your name, address, and ZIP Code in this box

RECEIVED

SEP 3 0 2005

Joelle Burns
State of Utah
Division of Oil, Gas and Mining
1594 West North Temple Suite 1210
Salt Lake City UT 84114-5801

DIV. OF OIL, GAS & MINING